

2007 JAN 16 P 1:29

**Campaign Finance Section
Financial Reports**

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Committee to Elect CARLETON E. CAREY, SR

Account Number: _____

Date of this Report: 1/15/07

REPORTING PERIOD:

FROM:

01/01/06

TO:

12-31-06

Check the box that applies to this report:

Primary Election
General Election
Other Election
Special Election

☐ 8-DAY
☐ 8-DAY
☐ 8-DAY
☐ 8-DAY

☐ 30-DAY
☐ 30-DAY
☐ 30-DAY
☐ 30-DAY

Office:

City of Dover Councilman AT LARGE

Year End Report



Final Organization Closing



Closing Date: _____

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

Blanche A. Carey
TREASURER SIGNATURE

1/15/07
DATE

Carlton E. Carey, Sr.
CANDIDATE SIGNATURE

1/15/07
DATE



STATEMENT OF ACCOUNT BALANCE

ACCOUNT #: _____

REPORTING PERIOD: _____

1/1/06 To 12/31/06
FROM TO

1. BEGINNING BALANCE

(Close Out Balance from last reporting period)

\$ 16.54

2. RECEIPTS:

A. SCHEDULE A - TOTAL RECEIPTS

B. SCHEDULE C-1 - TOTAL IN-KIND CONTRIBUTIONS

C. SCHEDULE D-1 - TOTAL LOANS RECEIVED

D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED

E. SUBTOTAL (Total of A, B, C, D)

3. EXPENDITURES:

F. SCHEDULE B - TOTAL EXPENDITURES

G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS

I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID

J. SUBTOTAL (Total of F, G, H, I)

4. ENDING BALANCE

(Beginning Balance plus 2E, minus 3J)

\$ 16.54

5. VALUE OF NON-CASH ASSETS (From Schedule F)

6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)

7. VALUE OF LOANS AT END OF PERIOD (Loan Balance from Schedule D-2)

8. CLOSE OUT BALANCE (Must equal zero if Committee closed)



SCHEDULE E - EXPENSE REIMBURSEMENTS

ACCT #:

REPORTING PERIOD: FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
TOTAL REIMBURSEMENTS RECEIVED					0
(REIMBURSEMENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Paid
TOTAL REIMBURSEMENTS PAID					0
(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I)					

